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|---|------------------------|-------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/412,736        |
|   | Filing Date            | October 4, 1999   |
|   | First Named Inventor   | Katsuichi OSAKABE |
|   | Art Unit               | 2653              |
|   | Examiner Name          | P. W. Huber       |
| Total Number of Pages in This Submission  | Attorney Docket Number | 393032042200      |

**ENCLOSURES (Check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <b>Remarks</b>  |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP (Customer No. 25224)<br>David Yang - 44,415 |
| Signature               |   |
| Date                    | November 3, 2004  |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 3, 2004

Signature:

(David Yang)



| FEE TRANSMITTAL<br>for FY 2005<br><small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>  |  | Complete if Known                        |                   |
|---|--|--|-------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number                       | 09/412,736        |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | Filing Date                              | October 4, 1999   |
| 1,320.00  |  | First Named Inventor                     | Katsuichi OSAKABE |
|   |  | Examiner Name                            | P. W. Huber       |
|   |  | Art Unit                                 | 2653              |
|   |  | Attorney Docket No.                      | 393032042200      |
| METHOD OF PAYMENT (check all that apply)  |  | FEE CALCULATION (continued)              |                   |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |  | 3. ADDITIONAL FEES                       |                   |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-1952<br>Deposit Account Name: Morrison & Foerster LLP                              |  | Large Entity Small Entity                |                   |
| The Director is authorized to: (check all that apply)   |  | Fee Code Fee (\$)                        |                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments   |  | Fee Code Fee (\$)                        |                   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)  |  | Fee Description                          |                   |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |  | Fee Paid                                 |                   |
| FEE CALCULATION   |  |  |                   |
| 1. BASIC FILING FEE   |  |  |                   |
| Large Entity Small Entity   |  |  |                   |
| Fee Code Fee (\$)   |  |  |                   |
| Fee Code Fee (\$)   |  |  |                   |
| Fee Description   |  |  |                   |
| Fee Paid  |  |  |                   |
| 1001 790 2001 395 Utility filing fee  |  |  |                   |
| 1002 350 2002 175 Design filing fee   |  |  |                   |
| 1003 550 2003 275 Plant filing fee  |  |  |                   |
| 1004 790 2004 395 Reissue filing fee  |  |  |                   |
| 1005 160 2005 80 Provisional filing fee   |  |  |                   |
| SUBTOTAL (1) (\$)   |  | 0.00                                     |                   |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |  |  |                   |
| Total Claims  |  | Extra Claims Fee from below Fee Paid     |                   |
| Independent Claims  |  |  |                   |
| Multiple Dependent  |  |  |                   |
| Large Entity Small Entity   |  |  |                   |
| Fee Code Fee (\$)   |  |  |                   |
| Fee Code Fee (\$)   |  |  |                   |
| Fee Description   |  |  |                   |
| 1202 18 2202 9 Claims in excess of 20   |  |  |                   |
| 1201 88 2201 44 Independent claims in excess of 3   |  |  |                   |
| 1203 300 2203 150 Multiple dependent claim, if not paid   |  |  |                   |
| 1204 88 2204 44 ** Reissue independent claims over original patent  |  |  |                   |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent   |  |  |                   |
| SUBTOTAL (2) (\$)   |  | 0.00                                     |                   |
| **or number previously paid, if greater; For Reissues, see above  |  |  |                   |
| SUBMITTED BY  |  | (Complete if applicable)                 |                   |
| Name (Print/Type) David Yang  |  | Registration No. (Attorney/Agent) 44,415 |                   |
| Signature   |  | Telephone (213) 892-5587                 |                   |
|   |  | Date November 3, 2004                    |                   |

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